Image# 29990049006

FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		Office use only										
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exar over	nple: If typyin the lines	ng, type	12F	E4M5	1 1		,		
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3. FEC IDENTIFICA	TION NUMBER	C	; C00	427401								
4. IS THIS STATEM	IENT NEW	(N) OR	X	AMEN	DED (A)							
I certify that I have exami	_	to the best of my know	rledge an	d belief it is tru	ue, correct ar	nd compl	ete					
Signature of Treasurer	Electronically File	d by <b>D. Craig Ha</b>	arris			Date	<b>M O</b>	<b>1</b> /	<sup>D</sup> 12	/ <b>Y</b>	ž (	0 0 9 O
NOTE: Submission of fa		plete information may							of 2 U.S.0	C. S437	g.	
Office Use Only				For further i Federal Elect Toll Free 800 Local 202-69	tion Commis 0-424-9530				FEC (Revise	FOR ed 12/20		

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